

STOP Questionnaire

Availability	This instrument is not currently available on the NINDS CDE website; however, copyright permission has been granted. If you wish to obtain a copy of the instrument, please submit your request to NINDSCDE@EMMES.com
Classification:	Supplemental
Short Description of Instrument:	<p>The STOP Questionnaire was designed in a yes/no format and includes 4 questions related to snoring, daytime sleepiness, stopped breathing during sleep, and hypertension. The acronym represents the way the questions are presented: Snoring, Tired, Observed, Blood Pressure (STOP).</p> <p>This self-administered questionnaire was based on the Berlin Questionnaire, anesthesiologists and sleep specialists consensus, and a literature review.</p>
Scoring:	<p>Answering yes to 2 or more of the 4 questions indicates high risk of Obstructive Sleep Apnea (OSA).</p> <p>Answering yes to fewer than 2 questions indicates low risk of (OSA).</p>
Restrictions:	N/A
References:	<p>Hoddes E, Zarcone V, Smythe H, Phillips R, Dement WC. Quantification of sleepiness: a new approach. <i>Psychophysiology</i> 1973;10:431-436.</p> <p>Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro CM. STOP Questionnaire: a tool to screen patients for obstructive sleep apnea. <i>Anesthesiology</i>. 2008;108 (5) 812-21.</p>